

GARNISHEE ORDER

Form #2DC30

IN THE DISTRICT COURT OF THE SECOND CIRCUIT**DIVISION****STATE OF HAWAI'I**

Plaintiff(s)

Reserved for Court Use

Civil No.

Defendant(s)

Filing Party(ies)/Filing Party(ies)' Attorney (Name, Attorney Number, Firm Name (if applicable), Address, Telephone and Facsimile Numbers)

Garnishee(s)

Return Date when Garnishee Order was Granted:

GARNISHEE ORDER☐ **FOR WAGES, SALARY, COMMISSION, STIPEND, ANNUITY, NET INCOME OR A PORTION OF NET INCOME UNDER A TRUST, WITHHELD BY GARNISHEE**

It is **ORDERED, ADJUDGED AND DECREED** that Garnishee above named pay such amount or amounts withheld to Judgment Creditor(s) or Judgment Creditor(s)' attorney, until the balance of \$_____ of the judgment, together with added costs of \$_____ and legal interest at the rate of 10% are fully paid or until further order of the above-entitled Court.

☐ **FOR FUNDS (other than wages)** ☐ **GOODS/EFFECTS IN POSSESSION OF GARNISHEE**

It is **ORDERED, ADJUDGED AND DECREED** that Garnishee above named pay or deliver to Judgment Creditor(s), or Judgment Creditor(s)' attorney, whatever monies/goods/effects it has in its possession belonging to Judgment Debtor(s), _____

in a sum or value, however, not to exceed the amount of \$_____, together with added costs of \$_____ and legal interest at the rate of 10%, or until further order of the above-entitled Court.

☐ **FOR INSPECTION OF CONTENTS OF SAFE DEPOSIT BOX**

It is **ORDERED, ADJUDGED AND DECREED** that Garnishee above named shall cooperate with and assist Judgment Creditor(s) or Judgment Creditor(s)' attorney to inspect and inventory the contents of the safe deposit box. Judgment Creditor(s) has leave to request reimbursement of costs, including locksmith charges, incurred to obtain access to the contents of the safe deposit box.

Date:

Judge of the above-entitled Court

In accordance with the **Americans with Disabilities Act** if you require an accommodation for your disability, please contact the District Court Administration Office at PHONE NO. 244-2852, FAX 244-2849, or TTY 244-2865 at least ten (10) working days in advance of your hearing or appointment date.

GARNORD.X (Amended 4/18/97)v

I certify that this is a full, true, and correct
copy of the original on file in this office.

Clerk, District Court of the above Circuit, State of Hawai'i